



IDAHO DEPARTMENT OF
HEALTH & WELFARE

JAMES E. RISCH – Governor
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@idhw.state.id.us

August 17, 2006

Steve Richardson, Administrator
Cedar Grove Assisted Living, Inc
1014 Claybourne Drive
Meridian, ID 83642

FILE COPY

License #: RC-841

Dear Mr. Richardson:

On June 8, 2006, a Follow-Up/revisit, state Licensure survey was conducted at Cedar Grove Assisted Living, Inc.. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Polly Watt-Geier, LSW, Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

POLLY WATT-GEIER, LSW
Team Leader
Health Facility Surveyor
Residential Care/Assisted Living Program

PWG/slc

c: Jamie Simpson, BS, QRMP, MBA, Supervisor, Residential Community Care Program



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June 21, 2006

Steve Richardson, Administrator
Cedar Grove Assisted Living, Inc.
1014 Claybourne Drive
Meridian, ID 83642

Dear Mr. Richardson:

On June 8, 2006, a follow-up visit to the initial health care survey of April 3, 2006, was conducted at Cedar Grove Assisted Living, Inc.. The core issue deficiencies issued as a result of the April 3, 2006, survey have been corrected.

Please bear in mind that non-core issue deficiencies were identified on the Punch List, a copy of which was reviewed and left with you during the exit conference. The completed Punch List form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by July 8, 2006.

Should you have questions, please contact me at (208) 334-6626.

Sincerely,

VIRGINIA LOPER, R.N.
Supervisor
Residential Community Care Program

VL/slc

c: Judy Ripke, Program Manager, Regional Medicaid Services, Region IV – DHW
Debra Ransom, R.N., R.H.I.T., Chief, Bureau of Facility Standards

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ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name	Physical Address	Phone Number
Cedar Grove Assisted Living, Inc.	1014 Claybourne Dr.	855-0429
Administrator	City	ZIP Code
Steve Richardson	Mendham	83642
Survey Team Leader	Survey Type	Survey Date
Polly Watt-Geier, LSW	Follow-up Survey	6/7/06

NON-CORE ISSUES

[illegible]

Response Required Date

7/7/04

Signature of Facility Representative

